

Appendix I

Physicianship and Professionalism Advocacy Program (PPAP)

INTRODUCTION

Professionalism is an attribute and competency demanded of all physicians and an important component of the medical education programs at the University of Miami Miller School of Medicine (UMMSM).

Medical schools have a responsibility for the initial professional education of their students and for assisting in the development of professional attitudes and attributes among these students. The basic components of professional behavior can be clearly defined and monitored during the medical school experience. Forms and procedures initially developed at the University of California San Francisco (Academic Medicine 2004 79: 244-249) have been validated and adopted by an increasing number of medical schools, residency programs and professional organizations (AAMC, ACGME, ABIM, ABMS, AMA).

The Physicianship and Professionalism Advocacy Program (PPAP) establishes a process used to monitor, evaluate and improve the professional behaviors of medical students at the UMMSM. It outlines the process for reporting concerns about medical student professionalism and sets forth the outcomes that may result from that process. The forms used to document the assessment and communication of concerns to students about their professional behavior are included.

The foundation underlying the prescription of student standards at the University of Miami is the conviction that the exercise of individual rights must be accompanied by related responsibilities. By accepting membership in the University community, a student acquires rights in, as well as responsibilities to, the whole University community. These rights and responsibilities are defined within the *Medical Student Rights and Responsibilities Handbook*. All students are subject to the policies and procedures as described in that handbook. Any act that constitutes a violation or an attempt to violate any of the policies or procedures contained therein may be cause for disciplinary and/or legal action by the University.

Students may be the subject of actions taken because of academic deficiencies or professional concerns. Recommendations for disciplinary actions against a medical student because of a violation of a rule of conduct or inappropriate behavior may be made by a class promotions committee, the Council of Honorable and Professional Conduct (CHCP), or the medical school administration Associate Dean for Student Affairs (ADSA). Actions taken because of academic deficiencies are initiated by one of the three promotions committees for each class (FPC, SPC or J-SPC). Disciplinary actions resulting from deficiencies in professional behavior can be initiated by a course coordinator, the class promotions committees, the Council of Honorable and Professional Conduct (CHCP), or the medical school's ADSA.

REPORTING PROCESS

There are two levels of reporting on student behavior; a Physicianship Incident Report (PI) or a Physicianship Evaluation Form (PEF). A physicianship incident

report can be generated anytime a student's behavior raises concerns regarding the student's professional and ethical conduct. If the situation raises major concerns about a medical student's character and professionalism, the Physicianship Evaluation Form should be completed and the processes associated with a PEF initiated, as described below.

Physicianship Incident Reports

Physicianship incident reports can be generated by anyone, including course coordinators, promotions committees, the CHPC, the medical education administration, faculty, staff and other medical students. All PI's must be submitted via the Office of Student Affairs' secure web-based Physicianship Incident Reporting System (PIRS). These incident reports must include the name of the student, the name of the concerned observer, the date of the incident being reported, the location of the incident, and a narrative description of the student's behavior. The ADSA will monitor the PIRS, will investigate reported PI's, and will contact all students who have a physicianship incident reported. The student will be asked to respond to the concerns, and this response will be appended to the incident report, by the ADSA.

All physicianship incidents will be entered into the incident report database. The PI report database will be used: 1) to generate quarterly reports, without student names, of the types of professionalism issues that have arisen that will be distributed to all students and faculty; 2) to generate a report, with student names, to be reviewed at each class promotions committee meeting; and 3) to keep the Deans in medical education fully informed about students who are experiencing difficulties.

Physicianship Evaluation Forms

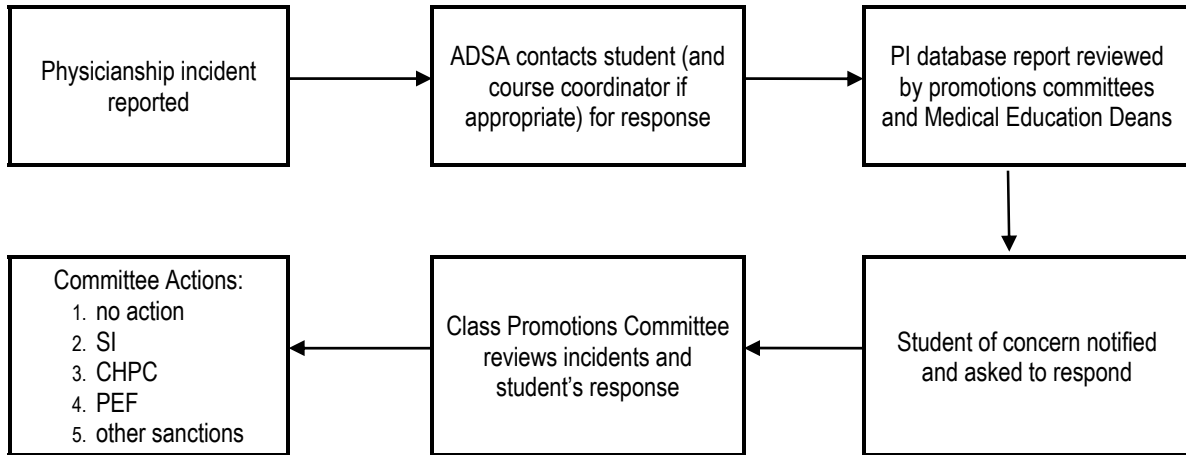
An incident that raises serious concerns about a medical student's character and professionalism should be reported, using the appropriate Physicianship Evaluation Form (PEF). The decision to complete and submit a PEF is the responsibility of a promotions committee, a course coordinator, the CHCP, or the Deans in the medical education administration. Any faculty or group submitting a PEF should also provide suggestions for corrective actions. PEF's are submitted to the ADSA who will follow up as described below. A student may appeal a PEF to the Executive Promotions Committee (EPC), and ultimately to the Dean.

DISCIPLINARY ACTIONS DUE TO PROFESSIONALISM ISSUES

Physicianship Incident Reports

If physicianship incident reports raise significant concerns about an individual student, that student will be notified in writing according to school policies and offered the opportunity to write a statement before being formally discussed at a future promotions committee meeting. Actions taken by a promotions committee, based on information from the physicianship incident report database, include; no action, supportive intervention (SI) by the Assistant Dean for Student Service, referral of the case to the CHCP, generation of a PEF, or other disciplinary actions as may be indicated.

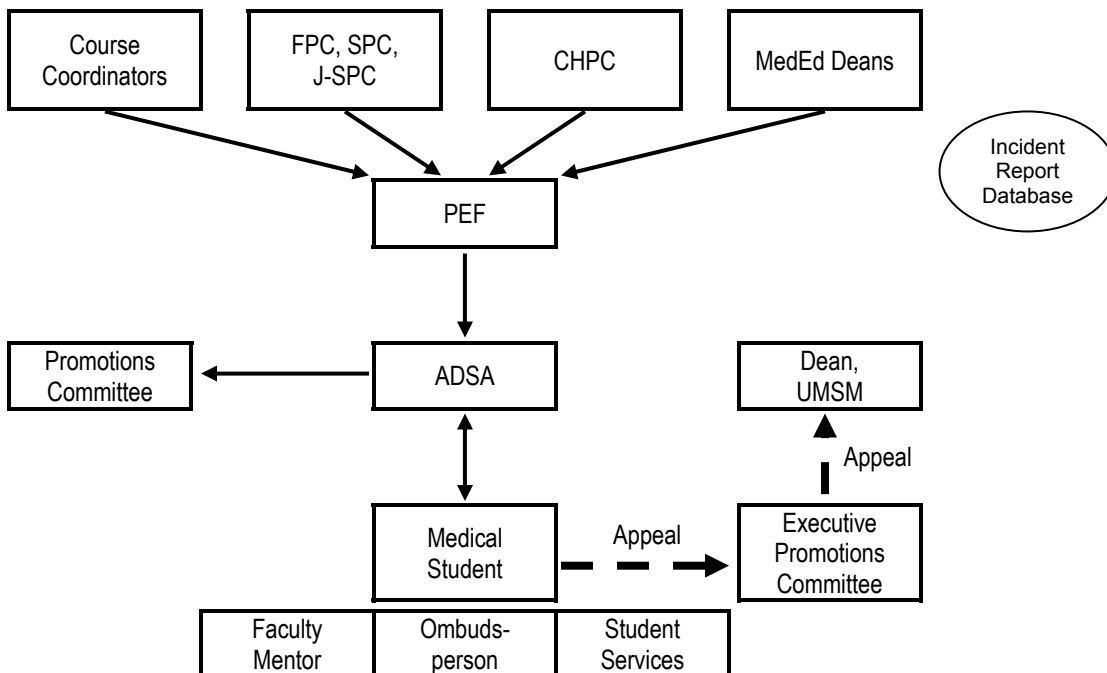
Physicianship Incident Report Process



Physicianship Evaluation Forms

PEF's are presented to the student by the ADSA and the student's response, including a corrective plan, is recorded. Students are strongly encouraged to contact their assigned faculty mentor or a faculty member of their choice and are apprised of all student support resources including the school's ombudsperson.

The process of submission of PEF's, case review and recommendation for action



As shown in the table below, based on the nature of the concerns or the number of PEF's that have been submitted for a student, disciplinary sanctions, up to and including dismissal, can be prescribed by the medical education administration. PEF's received in the first two years are treated differently from PEF's received in the third and fourth years. Any student who receives a PEF may be referred to professional development and support programs such as the Physician Development Program.

		Years 3 and 4			
Number of PEF's		0	1	2	≥ 3
Year 1 and 2	0	/	SI	MSPE +/- Discipline	MSPE +/- Discipline
	1	SI	SI	MSPE +/- Discipline	MSPE +/- Discipline
	2	SI	MSPE +/- Discipline	MSPE +/- Discipline	Dismissal
	≥ 3	MSPE +/- Discipline	MSPE +/- Discipline	MSPE +/- Discipline	Dismissal

X = no action; SI = supportive intervention; MSPE = Medical Student Performance Evaluation, report of professionalism concerns mentioned in dean's letter and entered in permanent record; Discipline = disciplinary actions up to and including dismissal

Appeals Process

Students may appeal any individual PEF or any resulting sanctions to the Executive Promotions Committee (EPC) and ultimately to the Dean of the School of Medicine, who has ultimate decision making authority in all disciplinary matters.

Physicianship Evaluation of 1st and 2nd Year Medical Students ¹

Professionalism is a core competency for all medical students and is fundamental to the practice of medicine.

This Physicianship Evaluation Form indicates that a student needs help developing physicianship skills and appropriate attitudes and attributes. A course director and any faculty member who are concerned about a student's behavior will give feedback to the student and make suggestions for improvement. If the behavior is repeated or is initially serious enough, a Physicianship Evaluation Form (PEF) will be completed, reviewed with the student, and then forwarded to the ADSA. The student will meet and discuss the evaluation with the ADSA. After that meeting, the student may ask for review of the PEF by the Executive

Promotions Committee. In all cases, if the evaluation is found invalid, the issue will be dropped.

The following example describes the kind of behavior that would warrant a PEF: a student repeatedly does not show up for a patient-related activity, such as a preceptorship, without appropriate communication with the preceptor and the course coordinator. Attempts to give the student feedback about this issue have been unsuccessful.

Physicianship Evaluation of 3rd and 4th Year Medical Students ¹

Professionalism is a core competency for all medical students and is fundamental to the practice of medicine.

Students who do not demonstrate adequate professional and personal attributes will be evaluated further by the clerkship director who will complete a PEF to document the areas in which improvement is needed. This PEF evaluation covers several areas: ability to meet professional responsibilities; ability to improve and adapt; and ability to establish adequate relationships with patients, families, and members of the health-care team.

Rapid turnaround of feedback to students whenever information becomes available is a goal of this evaluation process. The clerkship or site director is encouraged to meet with a student who does not meet physicianship standards as soon as concerns are raised prior to the end of the rotation. The purpose of this meeting is to discuss ways in which performance can be improved, thus allowing the student adequate opportunity to make appropriate changes. Such feedback meetings during the clerkship, though strongly encouraged, are not required in order to submit a Physicianship Evaluation Form.

A Physicianship Evaluation Form can be filed up to eight weeks after the student's start of the subsequent rotation. The clerkship or site director will meet with the student to review the form. The PEF will be forwarded to the ADSA. The student will meet and discuss the evaluation with the ADSA. After that meeting, the student may ask for review of the physicianship form by the Executive Promotions Committee. In all cases, if the evaluation is found invalid, the issue will be dropped.

Physicianship Evaluation of all Students by Administration ¹

Professionalism is a core competency for all medical students and is fundamental to the practice of medicine.

Students are expected to demonstrate adequate professional and personal attributes both within and outside the boundaries of a course or clerkship. If inadequate professional behaviors are noted outside of course work or clinical experiences, students will be subject to receiving a PEF from the central educational administration. Concerns will be summarized and the form will be completed by the Senior Associate Dean for Medical Education or the Associate Dean for Medical Curriculum or the ADSA, rather than course or clerkship directors. Therefore, this category of physicianship evaluation is called "Institutional Evaluation of Physicianship." The evaluation describes areas in

which improvement in professional performance is needed, and is parallel to and includes the standard physicianship evaluation criteria: ability to meet professional responsibilities; ability to improve and adapt; ability to establish adequate relationships with faculty and administrative personnel; ability to meet reasonable expectations of peers and standards of good citizenship.

The following examples describe the kinds of behavior that would warrant an institutional physicianship evaluation: a student's behavior violates the law or the norms of moral decency, a student falsifies financial information in order to procure student loans; a student does not respond in a reasonable manner to multiple communications from the Offices of Medical Curriculum or Student Affairs; a student does not meet the requirements that are in place to progress to clinical responsibility, including but not limited to receiving required immunizations, scheduling and completing USMLE Step 1 and Step 2 by the required dates.

Rapid feedback to students is a goal of this evaluation process and will be prioritized whenever information becomes available. An institutional physicianship evaluation will be completed and submitted after attempts to give the student feedback about these issues have been unsuccessful. Such feedback, though strongly encouraged, is not required in order to submit an institutional physicianship evaluation. The Associate Dean for Medical Curriculum or Student Affairs will meet with the student to discuss ways in which unprofessional behavior can be improved, thus allowing the student adequate opportunity to make appropriate changes. To document this process, the student will sign and date the form and may respond to the evaluation by providing additional information

If the student disagrees about the merits of the submission of an institutional physicianship evaluation, the student may ask for review of the physicianship form by the Executive Promotions Committee. In all cases, if the evaluation is found invalid, the issue will be dropped.

¹ Adapted from University of California San Francisco Physicianship Program

**UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
PHYSICIANSHIP EVALUATION FORM**

Student name: _____ **Date:** _____

Complainant name: _____

Narrative of Incident:

This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of physicianship as described below: (circle all that apply to this student's behavior)

1. Honesty and Integrity
 - a. Truthfulness
 - i. Untruthful; misrepresents position/status; misuses resources; falsifies data, plagiarizes, cheats
 - ii. Truthful to the point of blatant insensitivity; tactless
 - b. Adherence to ethical principles
 - i. Engages in unethical behavior
 - ii. Sanctimonious, intolerant
2. Responsibility, Reliability, and Dependability
 - a. Punctuality
 - i. Exhibits a consistent lack of punctuality; does not adhere to deadlines
 - ii. Values timeliness over quality
 - b. Compliance
 - i. Does not comply with policies, rules, regulations, and/or laws; does not attend required sessions
 - ii. Inflexible; overly reliant on rules; rule-bound to the point of obstructionism
 - c. Prioritization
 - i. Personal affairs take priority over professional activities
 - ii. Professional activities compromise personal and/or family life
 - d. Accountability
 - i. Overlooks inappropriate behaviors; avoids responsibility and work
 - ii. "Above the law;" not accountable to anyone; controlling; excessive fault-finding; self-righteous; self-aggrandizing

3. Respect for Others (colleagues, faculty, hospital and administrative staff)
 - a. Appearance
 - i. Poor hygiene; sloppy/dirty dress
 - ii. Extremes of dress; provocative
 - b. Interactions
 - i. Arrogant, overcritical of others; demeans those in subordinate roles
 - ii. Obsequious; goes overboard to please
 - c. Teamwork
 - i. Non-participatory
 - ii. Dominant and authoritarian; uncooperative and overbearing
4. Altruism
 - a. Concern for others
 - i. Concern for self supercedes concern for others; self-centered; selfish; unwilling to extend self
 - ii. Selfless to the point of taking needless risks; overextends self to own detriment
5. Empathy
 - a. Compassion
 - i. Emotionally unresponsive; exhibits little compassion for others; at times appears cold, indifferent and heartless
 - ii. Objectivity is clouded by desire to help others; emotionally over-responsive and unduly empathic, resulting in inability to be objective or effective; gives misleading information in effort to console
6. Commitment to Competence and Excellence
 - a. Goal setting
 - i. Aimless; educationally adrift
 - ii. Sets unachievable goals
 - b. Motivation and Drive
 - i. Has low standards of achievement; satisfied to “pass or make do”; aspires to minimum standards; complacent
 - ii. Overly competitive; perfectionistic; answers for others when others are questioned
7. Self Assessment and Self Improvement
 - a. Responsibility
 - i. Makes excuses; displaces blame
 - ii. Afraid to act for fear of making errors; assumes blame inappropriately; overly obsessive
 - b. Feedback
 - i. Resists feedback; defensive
 - ii. Requires constant reassurance and feedback
 - c. Self confidence
 - i. Always insecure; unable to act independently
 - ii. Overconfident; does not recognize own limitations
8. Respect for Patients
 - a. Relationships
 - i. Disrespectful to patients; insensitive to their beliefs, opinions, gender, race, culture, religion, sexual orientation and status
 - ii. Accepting of all patients’ behaviors, regardless of their effect
 - b. Autonomy
 - i. Disregard for patients’ autonomy, i.e. patients’ right to choose

- ii. Unable to provide limits for patients' choice
- c. Confidentiality
 - i. Disregard patient's confidentiality
 - ii. Inappropriately upholds patients' or others' rights to confidentiality, thereby putting them and others at risk for adverse consequences (e.g. suicide, sexual assault, child abuse)
- 9. Other

Comments & Suggestions for Change:

Complainant Signature: _____ **Date:** _____

This section is to be completed by the student.

I have read this evaluation and discussed it with the Associate Dean for Student Affairs. I can write a response for my permanent file, if I so desire.

Student Signature: _____ **Date:** _____

ADSA Signature: _____ **Date:** _____

This PEF can be mailed to the Associate Dean for Student Affairs, Office of Student Affairs, RMSB 2099 (R-128) or FAXed 305-243-8389